(IJDSSH) 2018, Vol. No. 6, Jul-Dec

# THE ROOTS OF ANCIENT MEDICINE: AN HISTORICAL OUTLINE

#### Dr Madhuri Kumari

Assistant Professor, Dept of History, Bokaro Steel City College, Bokaro Steel City Jharkhand. India

### **ABSTRACT**

Modern medicine was built on the solid foundation of traditional medicine. Since the beginning of time, plants have been an important resource in these ancient practices due to their abundance. In present day times, manufactured drugs have turned into a rewarding other option; However, even synthetic alternatives are unable to replace the value of plants as a resource. Natural medicines have gained popularity recently, which is not surprising given the benefits. The possibilities for drug discovery and the utilization of plants in the treatment of a wide range of conditions appear to be limitless if the knowledge derived from traditional medicinal practices is combined with contemporary science.

**Keywords:** Ayurveda and Unani; Ethnopharmacology; Home grown arrangements; Therapeutic plants; Conventional medication; Western civilization

#### INTRODUCTION

When exactly Susruta lived is unknown. He has been dated to 400 BC by a number of authors. The well-known Susruta-samhita (The Collection of Susruta) compilation is the source of his fame. Surgery is the primary focus of this work, but it also covers medicine, pathology, anatomy, biology, ophthalmology, hygiene, psychology, and midwifery. Susruta endeavored to orchestrate encounters of more seasoned specialists and gather dispersed realities about medication into a useful series of talks and compositions deliberately.

India has one of the world's most established clinical frameworks. It is known as Ayurvedic medication (Ayurveda). In Sanskrit, the word "ayur" means "life," and "veda" means "science" or "knowledge"; As a result, ayurveda is the life science. It has developed in India more than millennia. Ayurveda is now referred to as complementary and alternative medicine (CAM): specialized diets and herbs. Integrating the harmony of the body, mind, and spirit is the goal of Ayurvedic medicine. It is based on theories of health and illness as well as strategies for wellness management and prevention as well as treatment.

The origins of Hindu medicine, like those of Babylonian, Egyptian, Greek, Arabic, and Western medicine, were based on magic and superstition and developed over time. Early Indian society,

(IJDSSH) 2018, Vol. No. 6, Jul-Dec

like other primitive societies, used physical mutilation to punish wrongdoers. Removing the nose was the typical discipline for infidelity. Indian doctors became highly skilled in nose restorations (rhinoplasty), which are believed to have been developed by Susruta. Today, plastic surgeons use this technique a lot, and it's called the "nose job." Many people today undergo rhinoplasty to achieve contemporary beauty standards.

The French physician Jean Filliozat, who lived from 1906 to 1982 and was fluent in Sanskrit, Tibetan, and Tamil, wrote the following important work on the history of Indian medicine:

"Indian Medication has played in Asia a similar job as Greek Medication in the west, for it has spread in Indo-China, Indonesia, Tibet, Focal Asia, and to the extent to Japan, precisely as Greek Medication has done in Europe and the Bedouin nations..."

Hindu medication is firmly connected with religion; Consequently, it tended to remain static, in contrast to Greek medicine, which developed entirely secularly and had a greater global impact.

# **HISTORY OF MEDICINE**

The study and documentation of the evolution of medical treatments, practices, and knowledge over time is the history of medicine, which is both a multidisciplinary field of study that seeks to explore and understand medical practices, both past and present, throughout human societies[1]. The history of medicine is the study of medicine throughout history. To better comprehend the institutions, practices, people, professions, and social systems that have shaped medicine, medical historians frequently draw from other humanity fields like economics, health sciences, sociology, and politics. This field studies the evolution of human societies' approaches to health, illness, and injury from prehistory to the present, as well as the events that shape these approaches and their impact on populations. Information is derived from archaeological sources whenever a period regarding medicine predates or lacks written sources.

Early clinical customs incorporate those of Babylon, China, Egypt and India. During the Renaissance, improved comprehension led to the invention of the microscope. Before the 19th century, humorism, which was also known as humoralism, was thought to explain the cause of disease. However, the germ theory of disease gradually took its place, which led to effective treatments and even cures for many infectious diseases. Trauma surgery and treatment were improved by military doctors. Because the rapid expansion of cities necessitated systematic sanitary measures, public health measures were developed especially in the 19th century. High level examination places opened in the mid twentieth hundred years, frequently associated with significant clinics. The mid-twentieth century was described by new organic medicines, like anti-infection agents. Modern medicine was made possible by these advancements in addition to those in chemistry, genetics, and radiography. In the 20th century, medicine was heavily

http://www.ijdssh.com

e-ISSN: 2455-5142; p-ISSN: 2455-7730

(IJDSSH) 2018, Vol. No. 6, Jul-Dec

professionalized, and women were given new careers as nurses (from the 1870s) and physicians (especially after 1970).

### PREHISTORIC MEDICINE

The study of prehistoric medicine focuses on the use of medicinal plants, healing methods, diseases, and human health before written records existed. Prehistoric healthcare practices were vastly different from what we understand to be medicine in the modern era, and the term "prehistoric medicine" more accurately refers to studies and exploration of early healing practices.

This time spans from the early humans' use of stone tools around 3.3 million years ago to the beginning of written languages and recorded history around 5000 years ago.

A variety of archaeological periods have been developed to account for the various contexts of technology, sociocultural developments, and the adoption of writing systems throughout early human societies as human populations were once scattered across the globe, forming isolated communities and cultures that sporadically interacted. Then, prehistoric medicine is very specific to the place and people in question, making it a consistent period of study that reflects different levels of societal development.

Interpreting evidence left behind by prehistoric humans provides indirect insights into prehistoric medicine despite the absence of written records. The archaeology of medicine is one part of this; a field that uses a variety of archaeological methods to find out about medical practices, such as looking for disease in human remains and plant fossils. There is evidence that Neanderthals and other early humans engaged in healing practices. The discovery of psychoactive plant sources like psilocybin mushrooms around 6000 BCE in the Sahara and primitive dental care around 10,900 BCE (13,000 BP) in Riparo Fredian (present-day Italy) and Mehrgarh (present-day Pakistan) are examples of prehistoric human involvement in medicine.

By uncovering the sociocultural relationships, meaning, and interpretation of prehistoric evidence, anthropology—an additional academic field—helps to comprehend prehistoric medicine. The cross-over of medication as both a root to recuperating the body as well as the profound all through ancient periods features the various purposes that mending practices and plants might actually have. Relationships between humans and supernatural beings, from Gods to shamans, have been intertwined in prehistoric medicine, from early religions to established spiritual systems.

(IJDSSH) 2018, Vol. No. 6, Jul-Dec



Figure 1: Yarrow, a medicinal plant found in human-occupied caves in the Upper Palaeolithic period.[3]

### ANCIENT MEDICINE

From the well-documented development of writing systems to the conclusion of the classical era and the beginning of the post-classical period, ancient history spans roughly 3000 BCE to 500 CE. This periodization presents history as if it were the same everywhere. However, it is essential to keep in mind that sociocultural and technological advancements may differ locally between settlements and globally between societies.

Old medication covers a comparable timeframe and introduced a scope of comparable mending speculations from across the world interfacing nature, religion, and people inside thoughts of coursing liquids and energy. Albeit unmistakable researchers and texts nitty gritty clear cut medicial experiences, their true applications were defaced by information annihilation and misfortune, unfortunate correspondence, limited reevaluations, and ensuing conflicting applications.

### ANCIENT MESOPOTAMIAN MEDICINE

Sumer, the earliest known civilization in the Fertile Crescent, and the Akkadians (which included Assyrians and Babylonians) ruled the Mesopotamian region, which encompassed much of what is now Iraq, Kuwait, Syria, Iran, and Turkey. Covering thoughts of what we presently comprehend

(IJDSSH) 2018, Vol. No. 6, Jul-Dec

as medication, science, wizardry, and religion described early Mesopotamian recuperating rehearses as a half breed naturalistic and heavenly conviction framework.

Numerous cuneiform clay tablets were created by the Sumerians in the third millennium BCE, when they created one of the earliest known writing systems. These tablets contained detailed information about their civilization, including prescriptions for drugs, operations, and exorcisms. Highly specialized professionals, such as bârû (seers), âs[h]ipu (exorcists], and asû (physician-priests), administered and carried out these. During the Third Dynasty of Ur (c. 2112 BCE–c. 2004 BCE), one example of an early medication that resembled a prescription was discovered in Sumeria.

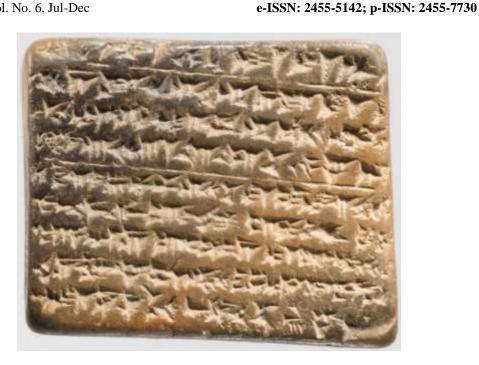
Following the success of the Sumerian civilisation by the Akkadian Realm and the domain's possible breakdown from various social and ecological elements, the Babylonian civilisation started to rule the locale. The Diagnostic Handbook, a comprehensive Babylonian medical text, was written by Esagil-kin-apli of Borsippa, the ummân, or chief scholar, in the middle of the 11th century BCE under the Babylonian king Adad-apla-iddina's rule (1069–1046 BCE).

The methods of diagnosis, prognosis, physical examination, and treatment were given a lot of emphasis in this medical treatise. The text contains a rundown of clinical side effects and frequently point by point experimental perceptions alongside sensible principles utilized in joining noticed side effects on the body of a patient with its conclusion and guess. Here, clearly articulated justifications for figuring out what caused illness and injury were backed up by agreed-upon theories at the time of things like supernatural magic, religious explanations, and natural causes.

Most known and recuperated antiquities from the old Mesopotamian civilisations focus on the neo-Assyrian (c. 900 - 600 BCE) and neo-Babylonian (c. 600 - 500 BCE) periods, as the last realms governed by local Mesopotamian rulers. These finds include a wide variety of medical clay tablets from this time period; however, damage to the clay documents leaves us with a lot of questions about medical procedures.

A wide range of medical innovations can be found throughout the Mesopotamian civilizations, ranging from documented prophylaxis practices, measures taken to stop the spread of disease, accounts of stroke, and awareness of mental illnesses.

(IJDSSH) 2018, Vol. No. 6, Jul-Dec



A Neo-Assyrian cuneiform tablet fragment describing medical text (c. 9th to 7th century BCE).

### ANCIENT EGYPTIAN MEDICINE

From its unification around 3150 BCE through its collapse via Persian conquest in 525 BCE and its ultimate downfall via Alexander the Great's conquest in 332 BCE, the civilisation known as Ancient Egypt existed across the Nile (throughout portions of Sudan, South Sudan, and Egypt today).

The surviving documents, most of which are made of papyrus, such as the Kahun Gynaecological Papyrus, the Edwin Smith Papyrus, the Ebers Papyrus, the London Medical Papyrus, and the Greek Magical Papyri, have revealed that ancient Egyptians developed a complex, experimental, and communicative medical tradition throughout unique dynasties, golden eras, and intermediate periods of instability.

Due to their dry climate and notable public health system, Herodotus referred to the Egyptians as "the healthiest of all men, next to the Libyans." As per him, "the act of medication is so specific among them that every doctor is a healer of one infection and no more." Despite the fact that Egyptian medicine dealt primarily with the supernatural, it eventually found application in anatomy, public health, and clinical diagnostics.

(IJDSSH) 2018, Vol. No. 6, Jul-Dec

The Edwin Smith Papyrus may contain medical information from as far back as 3000 BCE. The 3rd-dynasty Imhotep is sometimes credited with starting ancient Egyptian medicine and writing the Edwin Smith Papyrus, which details remedies, ailments, and anatomical observations. The Edwin Smith Papyrus, which was written around 1600 BCE, is thought to be a copy of several earlier works. It is an ancient textbook on surgery that describes the examination, diagnosis, treatment, and prognosis of numerous ailments in exquisite detail and almost entirely devoid of magical thinking.

The Kahun Gynaecological Papyrus addresses issues that women face, such as difficulties conceiving. There are 34 cases that detail the diagnosis and treatment that were used, some of which are only partially preserved. It is the earliest known medical text, dating back to 1800 BCE.

Clinical foundations, alluded to as Places of Life are known to have been laid out in antiquated Egypt as soon as 2200 BCE.

The Ebers Papyrus is the most established composed text referencing purifications. Enemas were used to administer numerous medications, and an Iri, or "Shepherd of the Anus," was one type of medical specialist.

Ancient Egypt is also credited with having the first known physician: Hesy-Ra was King Djoser's "Chief of Dentists and Physicians" in the 27th century BCE. In addition, Peseshet, the earliest known female physician, worked in Ancient Egypt during the 4th dynasty. "Lady Overseer of the Lady Physicians" was her title.

### ANCIENT GREEK MEDICINE

#### **Humors**

The hypothesis of humors was gotten from antiquated clinical works, ruled Western medication until the nineteenth 100 years, and is credited to Greek thinker and specialist Galen of Pergamon (129-c. 216 CE). In Greek medication, there are believed to be four humors, or natural liquids that are connected to sickness: blood, phlegm, yellow and black bile, respectively. Early scientists were of the opinion that food is broken down into blood, muscle, and bones, and that the humors that aren't blood are then made from leftover indigestible materials. An abundance or lack of any of the four humors is estimated to cause an awkwardness that outcomes in affliction; Before Hippocrates, sources hypothesized the aforementioned statement. Hippocrates, who lived around 400 BCE, concluded that the four ages of man and the four seasons have an effect on the body in relation to the humors. Childhood, youth, prime age, and old age are man's four ages. The four humors as related with the four seasons are dark bile - fall, yellow bile - summer, mucus - winter and blood - spring.

(IJDSSH) 2018, Vol. No. 6, Jul-Dec

Galen made the connection in his book De temperamentis between a person's natural mix of humors and what he called temperaments—or personality traits. In addition, he stated that the palm of one's hand was the ideal location for determining the equilibrium of temperaments. An introvert, even-tempered, calm, and peaceful person is referred to as phlegmatic. This person would have too much phlegm, also known as mucous or a substance that is viscous. In a similar vein, a moody, anxious, depressed, introverted, and pessimistic temperament is linked to depression. A melancholic personality is brought about by an overabundance of dark bile, which is sedimentary and dull in variety. Being outgoing, loquacious, nice, lighthearted, and friendly concurs with an enthusiastic disposition, which is connected to an excess of blood. Lastly, yellow bile, which is actually red and has the consistency of foam, can cause choleric behavior; It is associated with being extroverted, aggressive, agitated, and impulsive.

A disproportion of the humors can be treated in a number of different ways. For instance, in the event that somebody was thought to have an excess of blood, the doctor would perform phlebotomy as a treatment. Similarly, if someone with too much yellow bile would purge and someone with too much phlegm would feel better after expectorating. One more component to be viewed as yet to be determined of humors is the nature of air where one dwells, like the environment and height. Important factors include the standard of food and drink, the balance of sleep and wakefulness, exercise and rest, retention, and evacuation. The balance can be impacted by emotions like love, anger, sadness, and joy. During that time, the significance of equilibrium was exhibited by the way that ladies lose blood month to month during period, and have a lesser event of gout, joint pain, and epilepsy then men do. Additionally, Galen proposed that there are three faculties. The normal staff influences development and multiplication and is delivered in the liver. Creature or fundamental staff controls breath and feeling, coming from the heart. The psychic faculties control the senses and thought in the brain. The humors are also related to the structure of body functions. Greek doctors were aware that the stomach cooked food; Where the nutrients are extracted is here. The best, most powerful and unadulterated supplements from food are saved for blood, which is created in the liver and brought through veins to organs. The arteries carry blood that has been enhanced with pneuma, which means wind or breath. Blood travels in the following ways: The vena cava is the passageway through which venous blood enters the heart's right ventricle; then it travels through the pulmonary artery to the lungs. After that, blood and air from the lungs are combined by the pulmonary vein to form arterial blood, which has distinct observable characteristics. Half of the yellow bile that is produced leaves the liver and goes into the blood, while the other half goes to the gallbladder. Likewise, a big part of the dark bile delivered gets blended in with blood, and the other half is utilized by the spleen.

(IJDSSH) 2018, Vol. No. 6, Jul-Dec

## People

Around 800 BCE, Homer describes how the two sons of Asklepios, the admirable physicians Podaleirius and Machaon, and one acting doctor, Patroclus, treated wounds in the Iliad. Eurypylus asks Patroclus to "cut out the arrow-head, and wash the dark blood from my thigh with warm water, and sprinkle soothing herbs with power to heal on my wound" because Machaon is hurt and Podaleirius is fighting. Like Imhotep, Asklepios became associated with healing over time. Sanctuaries devoted to the healer-god Asclepius, known as Asclepieia (Old Greek: ἀσκληπιεῖα, sing., Asclepieion), which served as medical advice, prognosis, and healing centers. At these sanctuaries, patients would enter a fantasy like condition of prompted rest known as enkoimesis (ἐγκοίμησις) similar to sedation, in which they either got direction from the god in a fantasy or were relieved by a medical procedure. Asclepeia met a number of the requirements of healing institutions by providing carefully controlled spaces that were conducive to healing. In the Asclepeion of Epidaurus, three huge marble sheets dated to 350 BCE protect the names, case chronicles, objections, and fixes of around 70 patients who came to the sanctuary with an issue and shed it there. A portion of the careful fixes recorded, like the launch of a stomach ulcer or the expulsion of horrible unfamiliar material, are sufficiently reasonable to have occurred, yet with the patient in a condition of enkoimesis prompted with the assistance of soothing substances like opium. Between 500 and 450 BCE, Alcmaeon of Croton wrote about medicine. He contended that channels connected the tactile organs to the cerebrum, and it is conceivable that he found one kind of channel, the optic nerves, by analyzation.

Hippocrates of Kos (c. 460 - c. 370 BCE), considered the "father of present day medication." The Hippocratic Corpus is an assortment of around seventy early clinical works from old Greece emphatically connected with Hippocrates and his understudies. Most famously, the Hippocratic Oath was created by the Hippocrates for doctors. Modern physicians swear an office oath that includes elements from earlier versions of the Hippocratic Oath.

Hippocrates and his supporters were first to portray numerous illnesses and ailments. Hippocrates and his students systematized the idea that an imbalance in blood, phlegm, black bile, and yellow bile can explain illness, despite the fact that humorism (humoralism) as a medical system predates Greek medicine of the 5th century. Hippocrates is credited with the first description of finger clubbing, an important diagnostic sign in lung cancer, cyanotic heart disease, and chronic suppurative lung disease. Hence, clubbed fingers are here and there alluded to as "Hippocratic fingers". In Prognosis, Hippocrates was also the first physician to describe the face of Hippocrates. When he wrote about Falstaff's death in Act II, Scene iii, Shakespeare famously made reference to this description. of Henry V. Hippocrates began using terms like "exacerbation, relapse, resolution, crisis, paroxysm, peak, and convalescence" to classify diseases as acute, chronic, endemic, and epidemic.

(IJDSSH) 2018, Vol. No. 6, Jul-Dec

One of the greatest ancient physicians was the Greek Galen, who lived from c. 129 to 216 CE. His theories dominated all medical research for nearly 1500 years. His experiments and theories laid the groundwork for current blood and heart medicine. The experiments Galen carried out, which were unlike any other medical experiments carried out at the time, were responsible for both his influence and the advancements that he made in medicine. Galen was of the firm opinion that one of the necessary procedures for truly comprehending medicine was medical dissection. He began to dissect various animals with similar anatomical structures to humans, enabling him to expand on his knowledge of the internal organs and apply his surgical research to the human body. Additionally, he carried out a number of risky procedures, such as brain and eye surgeries, that were never attempted again for almost two millennia. Galen's dissections and surgeries led him to the conclusion that blood can travel throughout the body and that the heart is most similar to the human soul. In Ars medica ("Crafts of Medication"), he further makes sense of the psychological properties concerning explicit combinations of the real organs. He worked a lot on humoral physiology, but he also worked a lot on physical anatomy.

Galen's clinical work was viewed as legitimate until into the Medieval times. He left a physiological model of the human body that turned into the pillar of the middle age doctor's college life structures educational program. Some of Galen's theories were wrong, even though he tried to extrapolate the animal dissections to the human body model. This made his model experience the ill effects of balance and scholarly stagnation. Dissection of the human body was typically outlawed in ancient times due to Greek and Roman taboos, but this changed in the Middle Ages.

In 1523 Galen's On the Regular Resources was distributed in London. During the 1530s Belgian anatomist and doctor Andreas Vesalius sent off a task to decipher a significant number of Galen's Greek messages into Latin. De humani corporis fabrica, Vesalius's most well-known work, was heavily influenced by Galenic writing and design.

### RASAASTRA AND THE SIDDHA SYSTEM

Ayurveda, which is part of the Indian medical trinity of Unani, Siddha, and Ayurveda, derives from Vedic literature, while Unani, which is Greco-Arabic medicine, comes from Central and West Asia. However, there was no hint of alchemy in either of them. The Siddha system was mostly used by people who spoke Tamil in Tamil Nadu and the surrounding areas. "A physician is the son of an alchemist" is a Tamil proverb (Subbarayappa, 1997). The seeds of a new way of thinking and esoteric practices, inspired by Chinese alchemy, began to sprout around the fourth century AD. In the succeeding five or six centuries, this showed itself as Rasasastra (Sanskrit custom) and Siddha (Tamil practice). It ought to, notwithstanding, be underlined that they were, and are, the two of a kind, owing loyalty to the catalytic supremo, mercury, and its mixtures as well as a handled minerals as elixirs of life to achieve everlasting status or 'deathlessness' of human body in contradistinction to Ayurveda and Unani which, best case scenario, endeavor to restore

(IJDSSH) 2018, Vol. No. 6, Jul-Dec

and draw out human existence, tolerating the unavoidable passing of the body. Ayurveda, which is part of the Indian medical trinity of Unani, Siddha, and Ayurveda, derives from Vedic literature, while Unani, which is Greco-Arabic medicine, comes from Central and West Asia. However, there was no hint of alchemy in either of them. The Siddha system was mostly used by people who spoke Tamil in Tamil Nadu and the surrounding areas. "A physician is the son of an alchemist" is a Tamil proverb (Subbarayappa, 1997). The seeds of a new way of thinking and esoteric practices, inspired by Chinese alchemy, began to sprout around the fourth century AD. In the succeeding five or six centuries, this showed itself as Rasasastra (Sanskrit custom) and Siddha (Tamil practice). It ought to, notwithstanding, be underlined that they were, and are, the two of a kind, owing loyalty to the catalytic supremo, mercury, and its mixtures as well as a handled minerals as elixirs of life to achieve everlasting status or 'deathlessness' of human body in contradistinction to Ayurveda and Unani which, best case scenario, endeavor to restore and draw out human existence, tolerating the unavoidable passing of the body.

### **CONCLUSION**

It might be unfair to compare modern medicine's approach to traditional medicine in terms of its demonstrated efficacy, verifiability, and reproductivity. Because traditional medicine and modern medicine differ in their fundamental concepts. It ought to be perceived that customary clinical frameworks had a philosophical premise corresponding to man and nature, his current circumstance and the body-mind harmony, not at all like present day medication which appears to need such a premise, worried as it essentially is with illnesses, their conspicuous causes and irrefutable or reproducible remedial strategies. However, it would appear that the modern medical approach has recently also shifted toward what is sometimes referred to as "whole man medicine"; but it is still very young.

### REFERENCES

- 1. Apte V (ed.) 1890 *Vagbhata's Rasaratnasamuccaya* (Poona: The Sanskrit Series Anandashrama)
- 2. Unani or Arab medicine, Aziz MA 1961 (New Delhi: Institute of Medical History)
- 3. Berdoe E 1893 The beginning and development of mending workmanship (London)
- 4. Bloomfield M 1897 Atharvaveda Converted into English as Psalms of the Atharvaveda (Oxford: Clarendon Press)
- 5. Broek A. J., Greek medicine in London in 1929; Browne E. G., Arabian medicine in London in 1921:
- 6. Cambridge University Press Deussen, P. (Translated into English by A. S. Geden) 1906 The philosophy of upanisads Clark, T, and T)
- 7. Filliozat J.'s 1964 work, The Classical Doctrines of Indian Medicine, translated into English by Dev Raj Chanana, was published in Delhi: Munshi Ram Manohar Lai

(IJDSSH) 2018, Vol. No. 6, Jul-Dec

- 8. S N Sen, B V Subbarayappa, and D M Bose (New Delhi: Indian National Science Academy) (reprinted in 1991) Meulenbeld, Jan G. 1981 (Seattle Lectures) A characteristic of Indian medicine in comparison to Western medicine from the Greeks to modern times
- 9. D.A. Drossman, 2016. Disorders of the gastrointestinal tract: clinical characteristics, pathophysiology, and Rome IV 1262-1279, Gastroenterology, 150(6).
- 10. B.V. Subbarayappa, 2001 The foundations of antiquated medication: an authentic layout. Diary OF BIOSCIENCES-BANGALORE-, 26(2), pp.135-143.